

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)

Serial No. 10/577235
Filing Date

CLAIMS

	AS FILED						AFTER 1st AMENDMENT						AFTER 2nd AMENDMENT							
	IND.		DEP.		IND.		DEP.		IND.		DEP.		IND.		DEP.		IND.		DEP.	
	1																			
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20																				
21																				
22																				
23																				
24																				
25																				
26																				
27																				
28																				
29																				
30																				
31																				
32																				
33																				
34																				
35																				
36																				
37																				
38																				
39																				
40																				
41																				
42																				
43																				
44																				
45																				
46																				
47																				
48																				
49																				
50																				
TOTAL REQ.	3																			
TOTAL DEP.	24																			
TOTAL CLAIMS	27																			